

**NOTARY PRESENTMENT**

State of Pennsylvania     )  
  ) ss  
County of Philadelphia    )

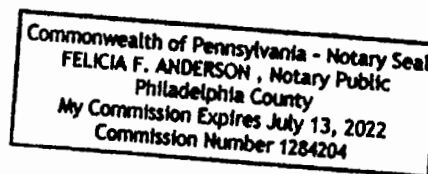
On this 25<sup>th</sup> day in the month of September, in the year 2018 the undersigned  
Settlor/Beneficiary, Carruth, Kim acknowledged to me on the basis of  
satisfactory evidence that <sup>she</sup> ~~he~~ is the <sup>woman</sup> ~~man~~ aka Settlor/ Beneficiary for the above

Sworn to and subscribed before me  
Date: this 25<sup>th</sup> day of September 20 18.

By: Felicia F. A. Notary Public

My Commission Expires: \_\_\_\_\_

Drafted by:                     



2018 SEP 27 A 7:00

REC'D DPA



CAUSE #  
18-CV-02061- CDJ

IN THE UNITED STATE DISTRICT COURT  
FOR THE DISTRICT OF EASTERN PENNSYLVANIA  
600 ARCH STREET  
PHILADELPHIA, PENNSYLVANIA 19106

**CERTIFICATE AND NOTICE OF SERVICE**

Date: September \_\_\_, 2018

This is to hereby certify and return that I have personally served or legal evidence of service (USM 285) executed on the attached Defendant(s), individual(s), corporation(s), entitie(s) at the address inserted below as shown on file.

Notice to Agent is Notice to Principal, Notice to Principal is Notice to Agent

To: Josh Shapiro  
Attorney General  
Pennsylvania State  
16<sup>TH</sup> Floor  
Strawberry Square  
Harrisburg, PA 17120  
Attn: Josh Shapiro

Certified Mail No:

9590 9402 3496 7275 1183 88  
7013 1710 0000 4810 1875

To: Patrick Harker  
Federal Reserve Bank- Philadelphia  
10 Independence Mall  
Philadelphia, PA 19106  
Attn: Patrick Harker

Certified Mail No:

9590 9402 3496 7275 1194 2  
7018 1130 0001 6953 5479

To: Matthew Brushwood, A310592  
Attorney  
Phelan Hallinan Diamond & Jones  
1617 JFK Blvd, Suite 1400  
Philadelphia, PA 19103  
Attn: Francis Hallinan

Certified Mail No:

See above

To: Jewell Williams, dba  
Philadelphia County Sheriff  
200 South Broad Street, 5<sup>th</sup> Floor  
Philadelphia, PA 19110  
Attn: Joseph Vignola

Certified Mail No:

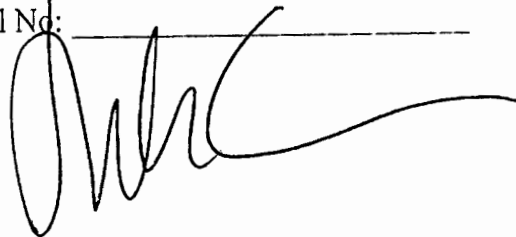
See above

USDC-EDPA

2018 SEP 27 A 1 01

To: Robert El'fant  
PA Broker  
El'fant Wissahickon Reality  
7112 Germantown Avenue  
Philadelphia, PA 19119  
Attn: Robert El'Fant

Certified Mail No: \_\_\_\_\_



To: James Leonard, dba  
Philadelphia County Recorder  
City Hall, room ~~154~~ 164  
Philadelphia, PA 19103  
Attn: James Leonard

Certified Mail No: \_\_\_\_\_



To: Ben Carson  
Commissioner  
U.S. Department of H.U.D.  
451 7<sup>th</sup> Street, S.W.  
Washington, D.C. 20410  
Attn: Single Family Division Director-Phila

Certified Mail No: \_\_\_\_\_

9590 9402 3496 7275 11839  
7018 1130 0001 6953 0405

To: Steve Wulko, dba  
Court of Common Pleas Administrator  
100 South Broad Street  
City Hall, Room ~~296~~ 284  
Philadelphia, PA 19103  
Attn: Joseph Evers

Certified Mail No: \_\_\_\_\_

D. Drayton 9/25/2018

To: JAMES PATTERSON, S dba  
Interloper  
110 West Godfrey Avenue  
Philadelphia, PA 19120  
Attn: Leonard, James Jr.

Certified Mail No: \_\_\_\_\_

9/25/2018 Older African American  
woman. Refused to sign.  
received 2 kg

To: Blessed Rudolph, dba  
FRB- PHILA, dba  
BANK OF AMERICA, N.A.  
7105 Corporate Drive  
Plano, Texas 75024  
Attn: Rudolph, Blessed-CFO

Certified Mail No: \_\_\_\_\_

9590 9402 3496 7275 118401  
7018 1130 0001 6953 0412  
SEP-27-2018

Date: September 19<sup>th</sup>, 2018

101 A 7 01  
/s/ Carruth, Kim  
Registered Holder, Assignor

7018 1130 0001 6953 0405

PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL



7018 1130 0001 6953 0405

7018 1130 0001 6953 0405

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
 \$

Total Postage and Fees  
 \$

Sent to  
 Commissioner - Ben Carson  
 U.S. Department of H.H.D.  
 451 7TH STREET, S.W.  
 WASHINGTON, D.C. 20410

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commissioner - Ben Carson  
 U.S. Department of H.H.D.  
 451 7TH STREET S.W.  
 WASHINGTON, D.C. 20410



9590 9402 3496 7275 1183 95

Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 3496 7275 1183 95

United States  
Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

AV NOTARY MESSENGER SERVICES  
 OFFICE OF NOTARY  
 MESSENGER SERVICES DIVISION  
 1522 WEST DUNCANNON AVENUE  
 Philadelphia County, Pennsylvania

19141

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No G-10



7013 1710 0000 4810 1875

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7013 1710 0000 4810 1875

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$  
Sent to  
ATTORNEY GENERAL - JOSH SHAPIRO  
PENNSYLVANIA STATE 16TH FLOOR  
STRAWBERRY SQUARE  
HARRISBURG, PA 17120  
PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> <p>1. Article Addressed to: ATTORNEY GENERAL JOSH SHAPIRO PENNSYLVANIA STATE 16TH FLOOR STRAWBERRY SQUARE HARRISBURG, PA 17120</p> <p>2. Article Number (Transfer from service label) 9590 9402 3496 7275 1183 88</p>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 17120</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No HARRISBURG, PENNSYLVANIA</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #  
9590 9402 3496 7275 1183 88



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States Postal Service

10 1 17 27 A 1 0 1

• Sender: Please print your name, address, and ZIP+4® in this box.  
AV NOTARY MESSENGER SERVICES  
OFFICE OF NOTARY  
MESSENGER SERVICES DIVISION  
1522 WEST DUNCANNON AVENUE  
PHILADELPHIA COUNTY, PENNSYLVANIA  
19141

7018 1130 0001 6953 0412

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7018 1130 0001 6953 0412

7018 1130 0001 6953 0412

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information: Visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$  
Total Postage and Fees \$

Postmark Here

CFD dca  
Blessed Rudolph, dca FRB - PHILA d  
Bank of America, N.A. Plano, Texas  
7105 CORPORATE DRIVE 75024

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Blessed Rudolph - CFD  
dca  
FRB - PHILA, dca  
Bank of America, N.A



9590 9402 3496 7275 1184 01

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

7105 CORPORATE DRIVE  
Plano, Texas 75024

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 3496 7275 1184 01

United States  
Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box \*

AV NOTARY MESSENGER SERVICES  
OFFICE OF NOTARY  
MESSENGER SERVICES DIVISION  
1522 WEST DUNCANWON AVENUE  
Philadelphia County, Pennsylvania  
19141



7018 1130 0001 6953 5479

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7018 1130 0001 6953 5479

7018 1130 0001 6953 5479

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

Extra Services &amp; Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

Total Postage and Fees

Sent To

Street, Apt. No., or P.O. Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATRICK HARKER  
 FEDERAL RESERVE Bank - Phila.  
 10 Independence Mall



9590 9402 3496 7275 1194 22

2. Article Number (Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

Philadelphia, PA 19106

B. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 3496 7275 1194 22



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
Postal Service

1000-EDPA

2018 SEP 27 A 1:01

• Sender: Please print your name, address, and ZIP+4® in this box •

AV NOTARY MESSENGER SERVICES  
 OFFICE OF NOTARY  
 MESSENGER SERVICES Division  
 1522 WEST Duncannon Avenue  
 Philadelphia County, Pennsylvania  
 19141